

ADDRESS CHANGE RECORD FORM

Instructions: If at any date your address changes, it is imperative that you provide updated address information to Fluor Hanford. This is necessary to ensure proper distribution of benefits changes, communications, W-2 forms, pension, savings and other essential information. Please complete the form below (or provide the requested data in a personal letter).

Status: ☐ Retired ☐ Disability ☐ Other _____

Name _____ Date _____

Social Security Number _____ Payroll Number _____

New Mail Address: (Fill in all mailing address information)

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Country _____

Home Address: (Blank unless home residence is different than mailing information)

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Country _____

Signature _____

Email: Benefits_-PHMC@rl.gov (offsite)
Benefits_PHMC (on-site)

HR Website: <http://www.hanford.gov/hr/>

When you have completed the form, return to:

Fluor Hanford
Benefits Administration
P.O. Box 1000, H2-23
Richland, WA 99352